## FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. Q Į. W Û V(i)() () $\varphi$ G -0 <u>15</u> **(** $\bigcirc$ ï TOTAL TOTAL TOTAL DEP. TOTAL DEP. CLAIMB CLAMS

PTO-1380 (3-78)